

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN

SUGGESTED ITEMS FOR STUDY BY THE

INTERIM COMMISSION ON THE PROBLEMS OF MENTALLY RETARDED,
HANDICAPPED AND GIFTED CHILDREN

AT THE CAMBRIDGE STATE SCHOOL AND HOSPITAL

A committee of the Minnesota Association for Retarded Children met with staff of the Cambridge State School and Hospital on January 9, 1960 and discussed problems of that institution.

Areas discussed were:

I. STAFFING

Approved compliment for Cambridge is 545, present staff totals 552 (2008 + 522 = 3.6 patients per employee.

The administrator at Cambridge feels that additional custodial workers and food service supervisors would make it possible for the aides to concentrate on patient care and training for which they have been employed and trained. The idea of adding employees in these two areas is very worthy of study.

It is the feeling of our committee that the aides can do no more than handle the barest needs of the patients under the present set-up. It makes little sense to train people as aides and then have them spend a substantial portion of their time doing unrelated work such as cleaning, sorting clothing, making beds, etc. It may be that custodial workers could do simpler tasks in patient care under the direction of the aides. This is the type of thing that has been done by the high grade patients in the past.

Consider other staff needs which need study also.

It is our feeling that ratios of employees to patients must be adjusted in consideration first of the degree of retardation of the patients, and further, in consideration of building type.

Salaries of aides may need study to determine if the present salary attracts sufficiently qualified personnel.

II. OVER-CROWDING

In 1956, this institution was considered 47% over-crowded by the Department of Health. In 1958 the Superintendent felt that over one-half of the institution was still 47% over-crowded. This was primarily in older buildings. New buildings are now over-crowded based on capacity for which they were planned and built. Room 3-11 for example has four beds in each three-bed bay.

II. Over-Crowding (Continued)

Over-crowding should be studied building by building. In some dormitory areas, there is less than 10 inches between beds.

Dr. Adams, the Cambridge Superintendent, considers Cambridge at least 18% over-crowded at the present time.

It is felt that an additional 200 bed dormitory could eliminate most over-crowding.

III. MEDICATIONS AND DRUGS (includes braces, glasses, X-ray supplies, etc.)

In 1955-56 this institution had \$36,000 for drugs. In 1959-60, with double the number of patients, it has only \$40,000. This is a serious problem.

The present amount for medications and drugs at this institution are about the same as in 1956 when there were half as many patients. This item includes, braces, glasses, X-ray supplies, hearing aids, hospital supplies, etc.

Shortage of money here creates a serious problem.

IV. AREAS TO VISIT

The Minnesota Association for Retarded Children would like to suggest that the Interim Commission, when it visits Cambridge, consider the following things: Staffing, over-crowding, medication and drugs. We feel that these are the areas of greatest need.

We feel that the greatest benefit from the Interim Commission's visit to Cambridge can come by first touring some of the buildings and observing some of the specific problems first hand. We would like to suggest that the Commission visit the following buildings: 1. Building #12 - here to observe over-crowding in the dormitories and lack of directed activity. See also isolation rooms. 2. Building #5 - note lack of directed activity, over-crowding in dormitories.

In visiting these two dormitories it would be well, if possible, for Interim Commission members to observe duties carried on by aides. It may be possible to inquire from various aides regarding the number of times children and adults must be changed if they wear diapers, number of baths which must be given daily and weekly. For men, the number of times they must be shaved, the number of times various patients must be changed completely from the skin out each day. Discussion of other duties aides have such as preparing children for visits by parents, taking them to hospital or infirmary, taking them to the dining room and helping supervise feeding.

I think it is important to point out at this point that we feel the institution does an outstanding job with the staff available.

IV. Areas to Visit (Continued)

In noting the isolation rooms it might be pointed out that it appears that children when they present special problems are put in isolation rooms where perhaps if proper staffing was available we could treat the defect or problem rather than isolating him from the rest of the people. Thereby isolating his problem also. By isolating the children who have the most severe behavior problems we are taking away from them any attention by staff. (aids)

It if were possible through better staffing to have fewer children in each category it would be possible again to treat the children and serve them more effectively. When it is necessary to have three aides handling one hundred patients, all the patients must be doing the same thing. Some of these patients could benefit from more activities if sufficient staff were available.

We would like to suggest that the legislators visit McBroom Hall and here note the advantages of the well planned new building, however, even here certain problems exist because of shortage of staff. We feel that the legislators should visit the physical therapy department in this building and observe what is being done in spite of lack of funds in this area.